

Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

USAO #2014V00587

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER A--14-CV-645 SS	
DEFENDANT AN AGGREGATED TOTAL OF \$512,894.00, MORE OR LESS, IN UNITED STATES CURRENCY, ET AL		TYPE OF PROCESS: VERIFIED COMPLAINT, NOTICE, WARRANT, AND ORDER	
SERVE AT	Name Of Individual, Company, Corporation, Etc., to Serve or Description of Property to Seize GUILLERMO GONZALEZ, ATTORNEY AT LAW		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 904 WEST AVENUE, SUITE 1000, AUSTIN, TEXAS 78701		
Send NOTICE OF SERVICE copy to Requester: United States Attorney's Office Attn: Asset Forfeiture 816 Congress Avenue, Suite 1000 Austin, Texas 78701		Number Of Process To Be Served In This Case.	4
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) PERSONAL SERVICE IS REQUIRED			
Signature of Attorney or other Originator requesting service on behalf of <i>Daniel M. Castillo</i> Daniel M. Castillo, Assistant United States Attorney		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. 512-916-5858
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>Valai Klee</i>		Date 7/15/14 07/29/14	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i> Date 7-29-14
I hereby Certify and Return That I <input checked="" type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.) 904 West Avenue, Suite 100 Austin, TX 78701		Date of Service 7-29-14	Time of Service 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Signature, Title and Treasury Agency <i>[Signature]</i> , S/A, IRS-CI			
REMARKS: REF: GATEWOOD <i>The suite # was wrong on the address in the "serve At" section of this form.</i>			
AUSTIN/MOTLEY			

TD F 90-22.48 (6/96)

Make (3) copies after form is signed. SEND ORIGINAL + 4 COPIES to TREASURY AGENCY. Retain Copy #5 for your file.